


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90034 048 ****50.00

DOCUMENT # L01000000958 1. Entity Name WINDOW DECOR & MORE, LLC																									
Principal Place of Business 7151 OMEGA CT ZEPHYRHILLS, FL 33542			Mailing Address 38432 CALLAWAY BLVD DADE CITY, FL 33525																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		Zip																					
Country		Country		4. FEI Number 59-3700166																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																					
6. Name and Address of Current Registered Agent BOOZER, MARILYN 3603 SHADOWOOD DR. VALRICO, FL 33594				7. Name and Address of New Registered Agent Name Boozer Marilyn Street Address (P.O. Box Number is Not Acceptable) 38432 Callaway Blvd City Dade City FL Zip Code 33525																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Marilyn Boozer DATE 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGRM BOOZER, MARILYN</td> <td>3603 SHADOWOOD DR.</td> <td>VALRICO, FL 33594</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM BOOZER, MARILYN	3603 SHADOWOOD DR.	VALRICO, FL 33594		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>MGRM Marilyn Boozer</td> <td>38432 Callaway Blvd.</td> <td>Dade City, FL 33525</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		MGRM Marilyn Boozer	38432 Callaway Blvd.	Dade City, FL 33525	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																									
SIGNATURE: Marilyn Boozer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4-26-06 Daytime Phone # 813-782-1974																					